

APPROVED SOLUTIONS
Governor's Pre-White House Conference on Aging
Oshkosh, Wisconsin April 18, 2005

PLEASE NOTE: Solutions are the product of the caucus discussions at the Pre-White House Conference on Aging. They do not represent the official position of the Wisconsin Department of Health and Family Services or of the Governor.

SESSION 1: SOCIAL SECURITY

GOALS:

- To preserve promised Social Security benefits for current recipients and those nearing retirement.
- To insure that Social Security continues to provide a secure and meaningful benefit for future generations.
- To insure that the economic burdens of preserving Social Security are shared fairly by all citizens.

SOLUTIONS:

1-A: Raise the Social Security tax cap to encompass 90 percent of **all wages, to be phased-in over a five year period. The additional taxes paid by high income earners** should be credited for benefit purposes. This measure would make up approximately 40 percent of the 75-year actuarial deficit.

1-B: To oppose the privatization of Social Security.

1-C: A portion of the Social Security Trust fund be invested prudently in a diversified portfolio.

1-D: Cover **all** newly hired employees **within five years of implementation of this solution.** This change would make coverage nearly universal under Social Security and would provide seamless coverage for workers who change jobs. This measure would make up approximately ten percent of the 75-year actuarial deficit.

1-E: All federal income taxes paid on Social Security benefits will be credited to the Social Security Trust Fund.

SESSION 2: FINANCING RETIREMENT

GOALS:

- Encourage the growth of defined-benefit pension plans.
- Strengthen and safeguard defined benefit pension plans
- Protect the expected retirement benefits of workers and pension plan participants.
- Enable pension participants to locate their benefits and obtain them in a timely manner.
- Maintain a fair pension system.

SOLUTIONS:

2-C: Congress should prevent the abuse and manipulation of the pension plan system by recognizing employers' pension obligations as deferred wages that cannot be excused through bankruptcy and/or by passing legislation that does not shield company executives' retirement trusts from bankruptcy proceedings, as long as rank and file worker pensions are also not shielded from bankruptcy proceedings.

2-B: Congress should strengthen and safeguard the pension plan system by providing tax incentives to only those employers that meet their funding obligations, and by increasing the

federal government's ability to ensure employer's compliance with pension plan obligations by providing adequate regulatory authority and accountability including effective enforcement powers and appropriate civil and criminal remedies.

2-E: Congress should create a fair and equitable pension system by passing the "Pension Fairness Act" which requires the same pension rules apply to company executives and rank and file workers. Additionally, Congress should preserve the pension benefits and plan design of long term employees as companies offer a different pension plan for new employees or convert to "cash-balance" plans.

2-A: To help defray the cost of developing and initially funding pension plans, the federal government should provide tax incentives to employers who do so, and Congress and administrative agencies governing pension plans should revisit and rework regulatory changes that have reduced the tax benefits to companies with existing pension programs.

2-D: Congress can make it easier for pension participants and dependents of participants to locate their pension benefits by passing legislation requiring the creation and maintenance of a digital information network for recording pension obligations, pension beneficiaries, pension eligibility records, and the party responsible for disbursing the pension benefits. Any such system should protect confidential information and personal privacy.

SESSION 3: PRESCRIPTION DRUGS

GOALS:

- To ensure a comprehensive prescription drug benefit within the traditional structure of the Medicare program.
- To make prescription drugs available at reasonable costs to the Medicare program.
- To address the underlying causes of sky-rocketing cost of prescription drugs.

SOLUTIONS:

3-A: Congress should pass legislation to repeal the Medicare Modernization Act and pass legislation making comprehensive prescription drug coverage available to Medicare recipients through the regular Medicare program and/or state prescription drug programs and not through private insurance plans.

3-B: Congress should pass legislation that gives the U.S. Department of Health and Human Services the authority and duty to negotiate lower prescription drug prices for Medicare recipients. Rather than prohibiting DHHS from using the purchasing power of Medicare to negotiate with pharmaceutical companies, Congress should mandate it.

3-E: Congress should change patent law to eliminate pharmaceutical companies' ability to limit the production of generic versions of their products whose patents are expiring. Congress should re-institute the prohibition on advertising to consumers of prescription drugs. Congress should require full disclosure of costs associated with marketing prescription drugs to health care professionals.

3-Priority 4: Congress should pass re-importation legislation to allow citizens and pharmacies to purchase prescription drugs from Canada and other countries that have equal or better safety regulations. Prohibit pharmaceutical companies from cutting off supplies to countries that allow sales to the United States.

3-Priority 5: Delay enrollment of dual eligibles for one year under Medicare Part D Drug coverage. Eliminate penalties for late enrollment in Medicare Part D.

SESSION 4: MEDICARE

GOALS:

- To provide the most comprehensive benefit package possible to all Medicare beneficiaries.
- To curtail unnecessary Medicare program costs within Medicare Part C.
- To promote good health of seniors by quality, safe and efficient care.

SOLUTIONS:

4-A: Congress should expand the standard benefit package under Medicare Parts B and C to include full coverage for:

1. cost-effective prevention services
2. multi-disciplinary memory impairment assessment
3. cost-effective health promotion, and Congress should recognize and address that some services that are not funded or under-funded lead to hospitalization and increased cost and risk of dependency, e.g., physical/occupational/speech therapy and adaptive equipment, nutrition, dental/mental health/vision/hearing care.

4-B: Congress and the President should commit to protect and retain the Medicare program's traditional structure, in which enrollees have access to a standard benefit package that is comprehensive in scope and are ensured their choice of medical providers.

4-C: Congress should move towards a basic level of health care for all Americans.

4-D: Congress should enact legislation to eliminate Part C coverage because it has not been shown to be cost-effective and because it takes important money from the traditional Medicare program and diverts it to company profits.

4-E: Congress should repeal the Medicare Modernization Act and pass legislation making comprehensive prescription drug coverage available to Medicare recipients through the regular Medicare program and state prescription drug programs.

SESSION 5: FINANCING LONG-TERM CARE

GOALS:

- To encourage individuals who have the financial means to save or purchase insurance to finance their own future long-term care.
- To ensure that elders with limited resources have equal access to Medicaid-funded long-term care in any setting appropriate to their preferences and needs.

SOLUTIONS:

5-D: Congress should amend the Social Security Act to make long-term care in any setting - the home, a community facility or a nursing home - a mandatory Medicaid benefit. In order to control the utilization of costly *care* settings, the amendment should allow states to set different functional eligibility standards for admission into institutions, assisted living facilities and home-based long-term care. Any changes should maintain the option for states to expand financial eligibility for persons in need of long-term care.

5-C: Congress should *oppose* efforts to create a Medicaid block grant type system. Medicaid should be protected as an entitlement to fund *both institutional and community-based care*, providing a safety net for meeting the long-term care needs of low-income elders.

5-B: Congress should amend the income tax code to allow individuals to establish pre-tax long-term care savings accounts. Elders with IRAs should be able to transfer the proceeds of an

IRA into a long-term care savings account without having to pay income tax.

5-E: Congress should increase funding for Title III of the Older Americans Act to enable people who need some help, but who do not meet Medicaid eligibility thresholds, to receive services that may prevent the need for more costly interventions.

5-A: Congress should set standards for long-term care insurance to ensure that policies adequately cover the likely long-term care needs of beneficiaries at a fair price.

SESSION 6: LONG-TERM CARE WORKFORCE

GOALS:

- To improve wages, benefits, and working conditions of direct care workers, making it easier to recruit workers and reduce turnover in this field. A more satisfied and stable workforce will better meet the needs of older people and people with disabilities who need help to live where they choose.
- To increase the supply of paid caregivers, to enable members of the rapidly growing older population to receive the help they need to live where they choose.

SOLUTIONS:

6-A: The federal government should maintain, and if possible improve, its cost-share of the Medicaid program rather than reduce federal Medicaid funding as recommended in the proposed federal budget.

6-D: The Department of Labor should expand and promote training opportunities to support and increase the long term care workforce through programs such as the Workforce Investment Act.

6-C: The United States Department of Agriculture should expand the replication grants made available in 2004 to replicate the worker-owned home care cooperative in Wisconsin.

6-E: Funding for Title V of the Older Americans Act should be increased with new slots targeted to older workers who perform direct care work. Investigate other federally funded programs to train older workers.

6-B: The U.S. Department of Labor should clarify federal codes regarding who is the employer-of-record for certain direct care workers, including those sent in by employment agencies or hired by family members to work alone in a home with care directed by the consumer.

SESSION 7: FAMILY CAREGIVERS

GOALS:

- Create a system that coordinates all aspects of care and provides continuity of care, viewing the family caregiver and care receiver as a team and helping with their social, medical, and financial needs.
- Provide family caregivers with a single point of entry for information and assistance, counseling/care managers, respite, educational programs, and direct care workers that provide quality care in the care receiver's home.
- Provide financial and tax incentives to family caregivers.
- Create incentives for employers to create family-friendly businesses that recognize and support family caregivers through their policies and procedures.
- Develop, provide and link support services to older adults who have assumed parenting responsibilities for their relatives' children.

SOLUTIONS:

- 7-A:** Congress must include the needs of family caregivers, which may be a non-biological/unrelated care giver, as determined by the care receiver, as part of the assessment process. This process applies to all existing and future federal programs and policies when determining appropriate medical care, support services, and policies for both caregiver and care receiver.
- 7-B:** Congress will create a new title within the Older Americans Act for the development and implementation of Aging and Disability Resource Centers across the country as a single point of entry for family caregivers.
- 7-C:** Congress will provide ways for family caregivers to recover lost earnings through financial and tax incentives (e.g., Social Security “credits”) for their family caregiver work.
- 7-D:** Congress will create and expand incentives that reward employers for implementing family-friendly policies and procedures (e.g, Family Medical Leave Act, guaranteed-return-to-work policy, Dependent Care Reimbursement Accounts) for the family caregiver.
- 7-E:** Congress will support implementation of the Kinship Caregiver Support Act, expansion of the National Family Caregiver Support Program (NFCSP) to eliminate or lower its age restriction and expansion of subsidized guardianship programs to offer assistance to children being raised by relatives outside the child welfare system.

SESSION 8: TRANSPORTATION

GOALS:

- To give older people the transportation options they need to remain in their homes.
- To protect the safety of older drivers.

SOLUTIONS:

- 8-A:** To give older people the transportation options they need to remain in their homes, the federal government should increase investment in public and private transportation systems to expand and improve services to meet the needs of older Americans in metropolitan and rural areas.
- 8-B:** To give older people the transportation options they need to remain in their homes, the federal government should increase funding for existing and future specialized transportation programs that provide mobility for older persons.
- 8-C:** So that older people have the transportation options they need to remain in their homes, the federal government should provide funding for research and should support alternative transportation options, including the elimination of federal disincentives--particularly those that rely on volunteers and informal supports.
- 8-E:** To safeguard older drivers, the federal government shall sponsor a wide range of practical research on issues related to older drivers, including the following: (1) develop research-based, not age-based, driver licensing policies that balance the concerns of safety and independence; and (2) research and develop standardized signage, including readability and placement.
- 8-D:** To provide efficient and effective use of transportation resources, the federal government’s efforts shall include the following:
- (a) identify transportation-related programs of each agency and assist in coordinating service delivery
 - (b) designate a clearinghouse for each federal agency to ensure consistency in coordinated program and service delivery. This would include reviewing program criteria and guidelines, procedures, proposed and existing regulations; and

- (c) Develop and implement uniform reimbursement requirements, service standards, reporting requirements, and insurability options.

SESSION 9: HOUSING

GOALS:

- To ensure that older Americans have access to an adequate supply of affordable rental housing.
- To help older people stay in their homes as long as they choose and are able to do so.
- To ensure that alternative housing options are available for older people who need supportive services, but do not need or want to be in a nursing home or institution.

SOLUTIONS:

9-A: To address the disparities in funding between nursing home and community based care, the President should mandate the Department of Health and Human Services, HUD, Rural Housing Services, IRS, and other Federal agencies to develop workable programs for the purpose of facilitating aging in place and development of affordable service-supported housing and assisted living for low income elders.

9-B: Federal housing programs should be preserved and enhanced to provide a safety net for meeting the housing needs of America's low income elderly. Congress should not cut funding for public and other low income multi-family rental housing. Programs that fund low income housing production, maintenance, modernization and operation and rent assistance for low income tenants should be expanded to address waiting lists and meet projected future needs of the elderly.

9-C: A National Housing Trust Fund should be established to serve as a source of revenue for the production of new housing and the preservation or rehabilitation of existing housing that is affordable for low income elderly people.

9-D: Congress should increase and adequately fund programs to help low income elderly homeowners stay in their homes as long as possible. Funding for programs that help pay for home repairs, accessibility modifications and energy costs should be increased to meet the existing and future needs of the growing aging population. This includes the RHS Rural Home Repair Loan and Grant Program, RHS Housing Preservation Grants; the HUD HOME, CDBG and Indian CDBG programs; and the Low Income Home Energy Assistance Program.

SESSION 10: AGING AND DISABILITY RESOURCE CENTERS

GOALS:

- To improve the visibility, name-recognition, image, and general awareness of public programs that support older people and adults with disabilities. People need to know where to go when they need help and feel comfortable doing so
- To coordinate disparate programs and funding streams in the long-term care system so that consumers can obtain information and assistance in a straightforward and uncomplicated manner. Ultimately, this will reduce the risk of institutionalization and enable a greater number of older people and adults with disabilities to remain in the community.

SOLUTIONS:

10-A: To have Aging and Disability Resource Centers nationwide, the federal Department of

Health and Human Services should provide authority and adequate funding to states and Tribes (based on the experience in pilot grant programs) to design and implement local public or not for profit ADRCs to assist older people and adults with disabilities in making informed decisions about their service and support options.

10-B: Congress and the Administration on Aging should add a new Title VIII to the Older Americans Act with authorized start-up and ongoing funds to implement ADRCs.

10-D: The federal Department of Health and Human Services should establish and enforce consistent standards and policies for ADRCs regarding privacy and provision of all related services, including an accessible and visible location, professional staffing, and a consumer-centered approach.

10-E: The federal Centers for Medicare and Medicaid Services (CMS) should reimburse ADRCs for information and assistance services and benefits counseling.

10-C: The Administration on Aging together with partners in DHHS should plan and implement consistent national marketing and outreach efforts for ADRCs to reach older people and adults with disabilities.

SESSION 11: HEALTHY AGING

GOALS:

- To ensure everyone has equal access to health care that includes long-term care, mental health care, health promotion intervention and disease prevention services.
- To expand and enhance community programs that provide health promotion and disease prevention programs to older adults.
- To expand healthy aging research opportunities and disseminate findings to health professionals working with aging populations.

SOLUTIONS:

11-A. Congress must provide adequate funding under Medicare and Medicaid and address health disparities in all populations to assure coverage for culturally competent, integrated approaches to addressing health needs, including all preventative health screenings, comprehensive mental health services, community based long term care services, and proven alternative therapies.

11-C. Congress must appropriate adequate funds through the Older Americans Act and other federal funding sources to enable the aging services network to provide quality nutrition and physical activity programming, health education and promotion, disease prevention services and volunteer opportunities for older adults in the community.

11-D. The DHHS must direct appropriate agencies to systematically fill the gaps in current knowledge about the benefits, challenges, and best practices for improving upon and sustaining optimal health in mid-life and older adulthood.

11-B. Congress must strengthen the role of the Centers for Disease Control and Prevention (CDC) as described in the Older Americans Act as well as support continuation of the Aging States Projects until all states have participated and achieved successful collaboration between the state unit on aging and state health department.